**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

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**PETITION FOR INVESTIGATION OF QUESTION  
CONCERNING REPRESENTATION**PUBLIC EMPLOYMENT  
RELATIONS COMMISSION

Form E-1 (9/2010)

☐ Amended Petition in Case \_\_\_\_\_Filing instructions: [www.perc.wa.gov/Forms/E-1-inst.pdf](http://www.perc.wa.gov/Forms/E-1-inst.pdf)

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer.

**EMPLOYER** Kittitas County Hospital District #2  
**Contact Person** Libby Allgood  
**Address** 505 Power Street  
**City, State, ZIP** Cle Elum, WA 98922  
**Telephone** 509-674-4057 Ext. \_\_\_\_\_  
**Fax** 509-674-4058  
**E-Mail** \_\_\_\_\_

**PETITIONER** IAFF Local 4880  
**Contact Person** Ricky J. Walsh  
**Address** PO Box 5604  
**City, State, ZIP** West Richland, WA 99353  
**Telephone** 509-999-3090 Ext. \_\_\_\_\_  
**Fax** 509-627-3134  
**E-Mail** rwalsh@iaff.org

**INCUMBENT BARGAINING REPRESENTATIVE**

(If one exists)

**Contact Person** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, ZIP** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ Ext. \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

**2. DESIGNATION OF REQUEST** *Select ONE.*

- ☒ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.
- ☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit want to designate the petitioner as their exclusive bargaining representative.
- ☐ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.
- ☐ **INCLUSION OF UNREPRESENTED EMPLOYEES** The petitioner requests to have a group of employees added to an existing bargaining unit pursuant to WAC 391-25-440.
- ☐ **EMPLOYER PETITION -- DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documents) and requests a determination by the Commission.
- ☐ **EMPLOYER PETITION -- INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documents) that a majority of employees no longer desire to be represented by the incumbent bargaining representative.

**3. BARGAINING UNIT****Department or Division Involved**Emergency Medical Services Division**Number of Employees in Unit** Ten (10)**Bargaining Unit Description** *On a separate sheet of paper:*

**For a new bargaining unit**, describe the proposed bargaining unit. Indicate proposed inclusions and exclusions.

**If the bargaining unit already exists**, provide the description in the collective bargaining agreement or in the PERC decision certifying the unit. Attach a copy of the parties' current or most recent collective bargaining agreement, or indicate the agreement is already on file with PERC.

**4. SHOWING OF INTEREST**

A petition filed by an organization or by employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

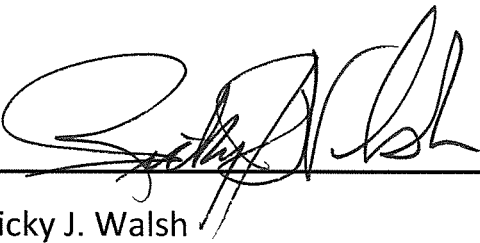
**5. OTHER RELEVANT FACTS** *Indicate if applicable.*☐ **ADDITIONAL INFORMATION** is set forth on separate sheets of paper attached to this petition**6. AUTHORIZED SIGNATURE FOR PETITIONER**Print Name Ricky J. WALSHTitle IAFF 7th District

Signature \_\_\_\_\_

Date 12/28/11

Please see the attached "show of interest" cards and the bargaining unit description below:

"All regular part time and/or per diem EMT's of Kittitas County Hospital District #2 that do not fit the description found in R.C.W. 41.26.030 (4)(H) and R.C.W. 18.71.200 (1-3), regarding LEOFF personnel but do meet the definition of public employee found in R.C.W. 41.56.030--excluding the supervisor, the superintendent and all other employees."

 12/28/11

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Ricky J. Walsh 12/28/11